

A&D HIGHLIGHTS

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Dr. Perry's Corner Celebrate Recovery

Recovery Support Services are multifaceted but currently not a term that has one widely accepted definition.

The Recovery Community Services Program, initiated by the Substance Abuse Mental Health Administration (SAMHSA), describes recovery services as those that go "beyond abstinence alone to include a full re-engagement — based on resilience, health, and hope — with one's family, friends, and community."

To some, recovery support only includes support from peer mentors and/or self-help groups. To others, it is the ministries found in our faith communities. In the past, many of Tennessee's treatment centers have provided some type of recovery support services to person after the completion of treatment. Today, Tennessee has had the opportunity to expand and strengthen recovery support services through Access to Recovery (ATR).

Through a diversity of faith and community providers, ATR consumers have been able to receive vouchers for services, including employment and education skills,

spiritual and pastoral support, relapse prevention, transitional housing, case management and family support.



Recovery from addiction is a lifelong journey and a goal we want all persons to achieve.

Recovery starts in many different places; for some people, it starts in treatment centers and for others, recovery support service providers are their first opportunity to address their addiction and learn a new way of life. No matter where an individual first opens the door to recovery, it takes a broad spectrum of services and supports to achieve and maintain a lifetime of sobriety.

complications that a consumer brings with them; recovery support can address these as they begin to surface for the consumer.

Barriers, such as inadequate housing, lack of a job, attempting to negotiate services and lack of family and community support, often lead to negative consequences, such as relapse. Services, such as those offered through Tennessee Access to Recovery, give consumers the opportunity to explore health and healing in areas of their life that have been negatively impacted, and increases their ability to achieve and maintain recovery.

While treatment is the foundation for many people, recovery support services are the walls and roof that provide the support needed for a successful life. As one consumer stated, "My groups help me respect myself and other people respect me also." As an individual begins to integrate areas of their life, self-esteem heightens, productivity increases and relationships improve. Treatment cannot always address the myriad of life

The Bureau of Alcohol and Drug Abuse Services is committed to ensuring that Tennesseans have continued access to vital recovery support services. We recognize the value that these services bring to individuals, families, communities and our state. We have had the privilege of building new relationships with faith based partners and have energized relationships with long standing treatment providers. We have had the pleasure of watching traditional treatment providers unite with the faith community for the specific purpose of creating a recovery community for those struggling with addiction. Most important of all, we have seen persons' lives changed because they were able to access and choose from a range of recovery support services and providers — people have had the opportunity to fully reengage with their family, friends and community and achieve sobriety.

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Teen Institutes

By Herb Stone, Director of Treatment Services

The Tennessee Teen Institutes (TTI), a week long event, are held on Tennessee college campuses during the month of June. The 2006 Institutes were held in East, Middle and West Tennessee at Hiwassee College (Madisonville), Cumberland University (Lebanon), and Bethel College (McKenzie), respectively. Sponsored by BADAS, the Institutes seek to foster partnerships between students and adults that they may go back into their communities and initiate positive change. The institutes aim to train and empower teens to educate their peers about the prevention of substance abuse and other addictive behaviors, and to lead by example, by accepting individual differences and advocating for healthy decision making in communities. West Tennessee Teen Institute 2006 reported its highest number of participants ever. Each institute is looking forward to TTI 2007 reaching a record number of teens and impacting a record number of communities. For more information visit www.tnteeninstitute.org.

Tennessee Access to Recovery Accomplishes Its Goals

By Herb Stone, Director of Treatment Services

Tennessee Access to Recovery (TN-ATR) began its last year of the Substance Abuse and Mental Health Services (SAMHSA) grant in August 2006. As we look forward to another productive year of providing essential treatment and recovery support services to consumers across the state, the grant goals have already been achieved only two years into the grant period. TN-ATR has succeeded in expanding consumer choice to a wide array of treatment and recovery support services; in assuring consumer choice through issuing vouchers, in expanding the array of service providers, and in increasing the number of state authorized providers. Over 9,700 consumers have been served through issuing vouchers for 24 types of services in a statewide network of 111 providers representing community and faith-based partners.

While much has been accomplished, one of the most promising outcomes of this initiative is the partnerships that have been formed. TN-ATR has brought together a diverse network including traditional and non-traditional providers, treatment and recovery providers, and faith-based, community-based, and government entities. Recognizing there are many paths to recovery, TN-ATR has provided the opportunity to critically examine, broaden thinking, deepen understanding, form new relationships, and implement new strategies. These new partnerships will serve us well into the future as we continue to meet the challenges of substance abuse and addiction in Tennessee. Although SAMHSA funding will end for the three year grant in August 2007, efforts are underway to identify ways to sustain these essential services for the consumers of Tennessee.

SPF-SIG

By Amy Frazier, Director of Prevention Services

The Division of Prevention Services is pleased to announce that the Strategic Prevention Framework State Incentive Grant (SPF-SIG) will be coming to a community near you! The SPF-SIG is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and will allow the State of Tennessee to provide financial resources to 30 communities to implement innovative approaches to prevention. Goals of the SPF-SIG include building prevention capacity and infrastructure at the state and community levels, reducing substance abuse-related problems in communities, and preventing the onset/progression of substance abuse. For more information please visit the SPF-SIG link on the Bureau of Alcohol and Drug Abuse Service's website at <http://www2.state.tn.us/health/A&D>.



Tennessee's Problem Gambling Initiative

By Herb Stone, Director of Treatment Services

In 2004, the state legislature appropriated funds to support developing resources for problem gamblers in Tennessee. As administrator of these funds, the Bureau has developed services which focus on information and referral services, screening/assessment/brief intervention/treatment services, and an evaluation component.

Research indicates that there is a high correlation for individuals with substance abuse problems who also experience problems related to gambling. Additionally, gambling addiction has parallels to other addictive disorders including changes in brain chemistry, tolerance, withdrawal, and loss of control. Finally, problem gamblers often experience co-occurring mental health conditions including anxiety and depression. For these reasons, treatment providers should screen all clients at intake to determine if there are problem gambling behaviors which need attention.

Assessment/treatment providers are located in each grand division of the state as follows: Helen Ross McNabb Center in East, Buffalo Valley, Inc. in Middle, and The University of Memphis Gambling Clinic in West. For more information regarding gambling resources for problem gamblers contact one of these providers or contact the Tennessee Association of Alcohol, Drug, and other Addiction Services at the Tennessee Redline 1-800-889-9789. There is help for problem gamblers in Tennessee!

UNDERAGE DRINKING TOWN HALL MEETINGS

Mark Davis, Public Education Coordinator

In conjunction with Alcohol Awareness Month, more than 1,200 local coalitions across the nation, including 16 in Tennessee, conducted town-hall meetings on underage drinking last March and April. Sponsored by the federal Interagency Coordinating Committee for the Prevention of Underage Drinking, the meetings were designed to explore the extent of underage drinking in local communities, portraying youth alcohol use as an overlooked problem and using testimony from teens, police, educators, and others to raise awareness. The Bureau of Alcohol and Drug Abuse Services coordinated with the federal Center for Substance Abuse Prevention (CSAP) to provide participating communities with \$1,000 grants to underwrite the meetings.

Communities were encouraged to involve representatives from across their entire population, including parents, youth, education, health entities, justice/law enforcement,

highway safety, alcohol control, local government, and business. Feedback from Tennessee's 16 participating communities indicate good attendance and high interest.

SAMHSA's Center for Substance Abuse Prevention (CSAP) and Scholastic, Inc. provided "Reach Out Now" and "Teach In" specialized educational materials, which were used in local schools to educate fifth and sixth grade students on the dangers of underage alcohol use. New "Start Talking Before they Start Drinking" public service announcements, which were developed in collaboration with the Ad Council, were made available for use in local media.

Participants were encouraged to follow up their town hall with other long-term activities that provide a continued emphasis on preventing underage drinking in their community, and share their ideas and plans with other Tennessee communities.

ADAT Program Completes Another Record Year

Pat Wilson, Director of ADAT Programs and Program Accountability Review

The Alcohol and Drug Addiction Treatment (ADAT) Program, now in its ninth year of operation, continues to enjoy statewide support and participation from many partners, including judges, public defenders, probation officers, community corrections officers, criminal justice and court liaisons, and especially our ADAT-contracted treatment providers. We would like to thank everyone involved for helping us achieve another productive year in which help and hope was provided to indigent, repeat DUI offenders and the way was paved for safer highways.

ADAT had another record year in terms of referrals, approving 1,431 offenders for treatment (a 15% increase over last year's total of 1,249). In addition, we now have more than 200 judges participating in ADAT referrals, with 100% of all judicial districts and 88% of all counties participating. In excess of 6,000 offenders have been approved for ADAT treatment since the

program began in 1998.

The ADAT Provider Network has also grown and now includes fifty providers in over 120 treatment locations. Clients can access a full continuum of services including detox, residential rehab, halfway house and outpatient treatment.

In addition, ADAT will pay for all of the services a client may need, both in terms of level of treatment and length of stay.

Last of all, program effectiveness is illustrated by the favorable outcome measures for ADAT clients, as calculated by The University of Memphis, Institute for Substance Abuse Treatment And Evaluation (ISATE). More than 60% of ADAT clients, six months after admission, are abstinent, working full time, and living with family members again. Only 6% have been rearrested. For more information on ADAT outcomes and cost

effectiveness, contact ISATE at <http://www.isate.memphis.edu/>

In the near future, the ADAT Program will be expanding its eligibility criteria to include first-time DUI offenders. For additional information, please contact Ms. Pat Wilson, ADAT Program Director, at 615-741-1921, or by email at pat.wilson@state.tn.us.



The Summit/TASA Announces New Timeframe

Jay Jana, Director of Training and Education Services

After many years of having The Tennessee Advanced School On Addictions (TASA) fall over the Memorial Day holiday, the Bureau is pleased to announce that we have moved the school up on the calendar, one week. The Summit will be held from May 20th through May 25th, 2007 and will still be held at Belmont University. It will maintain a similar daily scheduling format.

Also next year, we will be celebrating the 30th anniversary of the Summit. Our theme will be, "Thirty Years of History, Thirty Years of Recovery, and Thirty Years of Excellence: Leadership for the 21st Century." Our featured speaker will be William C. Moyers, vice president of external affairs at Hazelden. Mr. Moyers "carries the message" about addiction and recovery into the public arena, especially to policy makers and civic groups across America. He uses his own personal experiences to highlight the power of addiction and the power of recovery.

The Bureau is making extensive plans to make the 30th Summit "the best ever!" If you are making plans to attend, it is recommended that you get your registration in early. As always, state employees and contract agencies to the Bureau will receive a discounted registration fee.

Looking forward to seeing you at The 30th Summit!

Program Monitoring Returns to the Bureau

Pat Wilson, Director of ADAT Programs and Program Accountability Review



Nikki (left) and Ellen

We are happy to announce the arrival of two new employees, Ellen Abbott and Katherine Nicole ("Nikki") Means, who are serving as Program Monitors for the Bureau. As you may know, it has been six years since the Bureau had its own Monitors in-house and we are excited about the opportunity to "recapture" ownership in the monitoring process.

Ellen and Nikki were hired in February 2006. Since that time, they have received A&D training, conducted over 50 ATR site visits and begun ADAT site visits.

They will now participate in a training process with the Office of Internal Audit (Department of Health) during which time they will conduct joint site visits to block grant agencies with OIA Auditors. Beginning in January 2007, the Bureau Monitors will begin carrying out all programmatic monitoring duties for block grant programs while OIA Auditors continue to carry out the fiscal monitoring component.

Both Nikki and Ellen are well-suited for the job and each one comes to us with a good working knowledge of contract monitoring issues and the importance of contract compliance. Nikki has a Master's Degree in Public Administration from the University of Tennessee in Knoxville and most recently served as Residential Coordinator of Sertoma Center (a residential facility serving the developmentally disabled population) in Knoxville. Ellen has a Bachelor of Science Degree in Early Childhood/Child Development from Auburn University and most recently served as Director of the child development center at Nashville Christian School in Nashville.

Again, we are excited about both of these employees being on board and hope you will join us in welcoming them to the Bureau. You may reach them by calling the main Bureau number (615-741-1921) or by e-mailing them directly at Katherine.Means@state.tn.us and Ellen.L.Abbott@state.tn.us.

They will be working under Pat Wilson's supervision. Please feel free to call Pat if you have any questions about the Bureau's monitoring program in general.

UNDERAGE DRINKING & DRUG ABUSE IN TENNESSEE

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shocking results - 65% of underage drinkers in 2005 reported getting their alcohol from family members and friends, whether or not these sources were aware of it.

Youth use the easiest and cheapest way to get substances - what is easier or cheaper than straight from mom or dad's liquor cabinet or personal stash?

Unsupervised technology is another way underage people obtain substances. Not all teenagers get drugs in the streets or from gangs. The National PTA warned that youth find access to ordering illicit substances online and access detailed information on growing drugs or altering more easily obtained substances for a high. The Internet, chat rooms, and text messaging also serve to secretly network teens, 64% of whom do things online that they would not want their parents to know about. A 2006 survey conducted by Teenage Research Unlimited found that 48% of 16- and 17-year olds say that their parents know nothing of their online activities, but 90% of 12-17 year olds interface this way, half of them do so daily, 19 million instant message, and 60% have their own cell phones.

The clear implication is that parents and other family members must be as mindful of youth access to legally obtained substances as they are to markets that illegally sell them, and they need to talk to their children about the hazards or abusing substances, as doing so regularly has been proven to reduce the likelihood of childhood substance use by as much as 42%.

*~ Dr. Satish Kedia, Director, Institute for Substance Abuse Treatment Evaluation (I-SATE),
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UNDERAGE DRINKING & DRUG ABUSE IN TENNESSEE

Dr. Satish Kedia, Director, Institute for Substance Abuse Treatment Evaluation (I-SATE)

Addressing underage substance abuse is a critical public health issue, particularly as severe consequences have been linked to such behavior: permanently impaired intellect, assault, traffic accidents, adult alcohol/drug dependence, date-rape, and injury death - the number one cause of death for those under 21.

Underage alcohol drinkers generally start at age 12!

The National Institute on Drug Abuse (NIDA) reported that underage Americans usually begin drinking at age 12. Based on combined results from SAMHSA's 2003 and 2004 National Survey on Drug Use and Health (NSDUH), less than 7.5% of those 12-17 years old in Tennessee abused or were dependent upon alcohol or drugs; more than 14% reported being current drinkers, and over 9% as current illicit drug users.

Underage Drinking Patterns

Among Tennesseans aged 12-17, an estimated 66,000 (4.69%) experienced alcohol dependence or abuse in the year before being interviewed for the 2003 or 2004 NSDUH research.

66,000 underage Tennesseans were dependent on or abused alcohol in 2003-04!

According to The Century Council, a national non-profit funded by leading distilleries, underage alcohol continues to be a problem in Tennessee: 1,246 Tennesseans under age 18 were arrested in 2004 for liquor law violations, 324 for being drunk, and 232 for driving under the influence.

Youth Use of Illicit Drugs

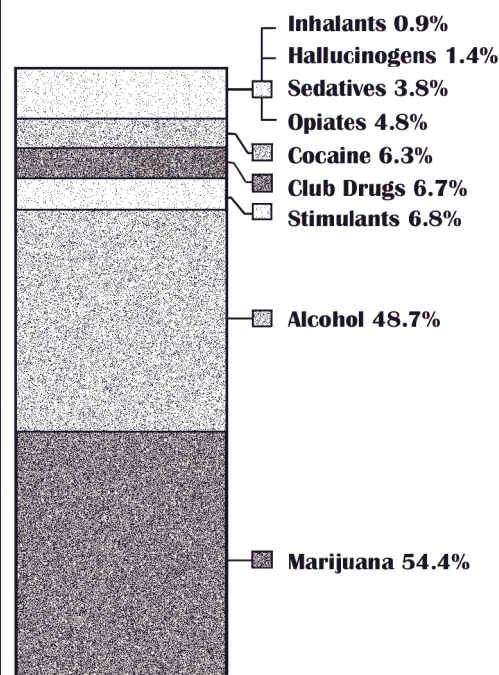
The 2003 and 2004 NSDUHs indicated that an estimated 67,267 (4.78%) of Tennesseans aged 12-17 experienced illicit drug dependence or abuse in the year before being interviewed. The substances most abused by young Tennesseans admitted to treatment are marijuana, alcohol, club drugs, stimulants, and cocaine. Since 1998, a greater proportion of the youth in treatment in Tennessee has reported abusing marijuana compared to the adults.

Marijuana, not alcohol, was the substance abused the most by youth in treatment in Tennessee in 2005.

The National Drug Intelligence Center (NDIC) reported cocaine as becoming a significant drug problem for those less than 18 years old in Tennessee. Another trend to keep an eye on is inhalant use - though one of the least reported drugs in treatment, its rates doubled in the last year among

Tennessee's youth despite ever-increasing national media attention and public service announcements on the hazards of inhaling.

Reported Substance Abuse among Adolescents in Publicly Funded Treatment in Tennessee in 2005



Underage Male Substance Abuse

While male youths in Tennessee mimic US youth substance trends with marijuana followed by alcohol, club drugs, stimulants, and cocaine in prevalence rates, female youths are more likely to abuse alcohol, then marijuana, cocaine, stimulants, and then club drugs.

Substance Use by African American & Caucasian Youth

Caucasian youths admitted to treatment in Tennessee mostly use alcohol then marijuana, but it is the reverse for African Americans who are almost twice as likely to use marijuana and half as likely to

abuse alcohol compared to Caucasian youth. Contrary to the predominant belief that meth is a rural Caucasian problem, African American youths in Tennessee, most of whom live in urban centers, are almost twice as likely to enter treatment for a stimulant problem like meth.

How the Underage Obtain Substances

For those underage who do drink, the question is how are they able to obtain alcohol if you must be 21 to purchase it? In June 2006, DUI officers in Memphis who were testing the ability of underage people to purchase alcohol at different area stores found that it was possible at 7 out of the 11 locations tested.

The youth typically try to find the easiest and cheapest way to acquire alcohol or other substances; yet, despite this fact and underage laws, most people probably assume that this is how teenagers purchase and obtain alcohol. The Century Council surveyed youth in Tennessee with

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